INFORMATION DISCLOSURE

CANCER BY VIRAL INFECTION? A REVIEW AND A DIFFERENT HYPOTHESIS

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Historically this theory was first proposed in 1909 when malignant tumor cells from chickens with soft tissue cancer were transplanted into healthy chickens. They subsequently developed malignant tumors. The invading virus that changed normal cells into cancer cells was labeled RNA tumor virus. After the initial discovery, there was little success with other animals using cancer cell transplants and thus the enthusiasm waned. The experiments were revived in the 1950's with more animal experiments which were conducted mainly by veterinarians. President Nixon initiated the National Cancer Act in 1971, which made large amounts of money available to cancer researchers. Retroviruses were targeted as the principal cause of cancer.

In 1970 Dr. Robert Gallo, of the National Institute for Health, was promoted to the head of a new department that was to focus on retroviruses as the cause of cancer. He is the co-discoverer of the HIV which is thought to be the cause of AIDS. Gallo worked with leukemias and was intent on isolating a retrovirus responsible for causing leukemia. In 1975 he thought he had isolated the leukemia retrovirus but after peer review, it was determined his isolated virus was a contaminant.

In 1980 Dr. Gallo announced the isolation of the first T-cell leukemia retrovirus (HTLV). He had derived this virus from cells of several leukemia patients and then had grown them in his laboratory. Later it was discovered that evidence of this virus could be detected in healthy persons. Again his peers became skeptical.

The following excerpts have been selected from the sixteenth edition of the Merck Manual, pages 1267 and 1268:

"Oncogenes and proto oncogenes: Acute transforming retroviruses are known to induce tumors in both avian and mammalian hosts, sometimes in a matter of weeks, because retroviruses acquire highly conserved normal cellular genes of the host (proto oncogenes). Once under viral regulation, these normal gene sequences are called viral oncogenes (v-onc). Proto-oncogenes function normally in the biologic processes of cellular division and differentiation. Cellular oncogenes have been found to be amplified in human malignancies (ie C-myc and N-myc in small cell lung cancer; N-myc in neuroblastoma; and C-erbB in breast cancer)." Viral oncogenes are also known to cause T-cell leukemia.

"Viruses linked with human malignancies include papillomaviruses (cervical carcinoma), citomegalovirus (Kaposi's sarcoma) from HIV I & II in AIDS patients, Epstein-Barr virus

(Burkitt's lymphoma, immunoblastic lymphoma, and nasopharyngeal carcinoma), and hepatitis B (heptocellular carcinoma). Human retroviruses have been linked to T cell lymphomas (HTLV-1) which have a predilection for skin involvement and frequently manifest a "leukemia phase."

Retroviruses are not known to kill host cells but rather they become part of the generic makeup of the cells. All retroviruses contain an anti enzyme called reverse transcriptase that converts viral RNA into pro viral DNA and becomes integrated into the host cell DNA. The transformation occurs in the cytoplasm of the infected host cell after the virus attaches itself, penetrates the cell and is partially uncoated. The pro viral DNA enters the nucleus and becomes part of the host cell chromosome. The genes then behave as cellular genes. The complete virus propagates virus particles which migrate to the plasma of the cell and budding of nascent virions occurs. The nascent virions are not infectious and must undergo maturation before they can enter host cells. Maturation of nascent virions occurs when they come into contact with a viral protease enzyme that splits certain proteins contained inside the virion capsid. The mature virions then enter and infect the nearest host cells.

After the provirus has entered the host cell a change takes place. The host cell retains some of the host cell properties, but with none of the host cell physiological functions. One of the obvious properties retained by these invaded cells is their ability to resist the host immune system such as T cells and NK killer cells, etc.

Metastic growth: after a tumor establishes itself, it tends to grow at an increasing rate. Cancer cells break loose and circulate in the arterial and venous blood and lymph fluid. Surviving tumor cells can adhere to the vascular endothelium or organ tissues and spawn an independent tumor nodule called a metastasis.

The known carcinogenic factors which predispose human cells to invasion by cancer are: chemical carcinogens, UV radiation, electromagnetic radiation, ionizing radiation (X and gamma), chronic trauma to the skin, genetic factors and immunological disorders.

My Theoretical Convictions Regarding Cancer And Malignant Tumors Follow:

1. All human and animal cancers are caused by retroviruses.
2. When the infectious retrovirus (virion) enters the host cell, the virus becomes complete by integration with the host cell This cell then becomes a cancer cell. Viral propagation inside the cancer cell begins. After budding, the nascent virion matures and enters an adjacent host cell and the cycle repeats. Considering this theory of cancer, it is understandable why researchers have had little or no success in culturing retroviruses. The virus will not propagate outside of a cancer cell and nascent virons that bud from the infected

cell are incomplete retroviruses. Dr. Gallo and his colleagues had success in culturing the HLT leukemia virus because this form of cancer involves single infected host cells whose virion offspring infect other single host cells. These can be propagated in a culture. Culturing malignant tumors is not feasible, since tumors require internal blood circulation for survival.

3. Malignant tumors are formed by the process described in paragraph two. This insidious invasion of host organ and visceral tissue cells accounts for the devastating effects of malignant tumors and their subsequent metastases. I suggest that after the initial growth period, the cancer cells begin replication and metastasis takes place. Once a tumor metastasizes, the chance of a permanent cure is slim to none.

4. I don't believe there are dozens or hundreds of different types of cancer, as some researchers suggest. Most likely there are as many cancer types as there are organ and tissue cell types, but only two or three types of cancer causing infectious retroviruses. Current medical theory suggests that nutrients are provided to the growing malignant tumor by direct diffusion from the blood circulation and that local pressure and collagenase lead to destruction of normal tissues. Subsequently, the synthesis of tumor angiogenesis factor causes formation of an independent vascular supply to the tumor module. I suggest that the vascular supply to the tumor is the same system that existed originally in the host tissues which subsequently become infected. Angiogenesis probably begins after cancer cell replication begins.

5. I suggest the following scenario to describe retrovirus' life cycle. Only nascent virions are found circulating in the blood and lymph systems. Their survival time is very limited since they are susceptible to the body's immune system. They may be able to hide in certain tissues and lie dormant for an extended period of time. Nascent virions' relationship to complete retroviruses appears to be somewhat similar to that of spores to bacteria. Nascent virions may be introduced to the host's system through blood transfusions, transferred from the mother at birth, or by the same methods that HIV is transferred from one person to another. When these nascent virions encounter protease enzymes, they undergo internal changes and become infectious. In this state they immediately enter the nearest host cells and become complete retroviruses. A malignant tumor then begins to form and grow. It is not unlikely that black and brown moles and dark birthmarks are repositories for dormant nascent virions. Some researchers suggest that virus parts were introduced into vascular systems when oral polio vaccine was given to a large portion of the U.S. population in the 1950's. However, cancer has plagued humans for centuries.

Organs and visceral tissues will not be infected by the human cancer virus (HCV) (nascent virions) unless host cell (s) have been predisposed to cancer by one or more of

of the carcinogenic factors previously described. I believe that X-rays are one of the common factors responsible for most internal cancer susceptibility in elderly persons whose immune systems are faltering. It appears that protease enzyme may be produced in sensitive tissues possessed by or exposed to any of the carcinogenic factors. Evidently, cancer cells produce protease enzyme without the benefit of any outside influence.

The Rationale

The rationale for the above theories is based on a discovery I made several years ago. I originally formulated a composition to treat infections caused by streptococcus and staphylococcus bacteria (especially "hospital staph"). By chance I discovered it had properties that cured a melanoma and later I found that it cured carcinomas, internal malignant tumors and vesicles caused by herpes simplex and zoster viruses. When the composition is applied to skin or sensitive mucous membranes there are no deleterious side effects other than a slight 5 to 10 second stinging sensation. When this composition is applied directly to visible carcinomas, melanomas and vesicles caused by herpes simplex and zoster viruses, it causes these diseased tissues to dry up and heal within a few days. When this composition is absorbed through sublingual and rectal tissues it is dispersed throughout the vascular and lymph systems. When it contacts malignant tumors and metastases, it kills them instantly. Relief from distress and pain is felt within hours of the first application. There are no apparent side effects. The composition will not rid the body of an old malignant tumor (one that has metastasized), but the tumor remains dead, inert and harmless. A new tumor, when treated, will gradually atrophy. This composition is extremely lethal to retroviruses at very low concentrations (parts per million) in vascular and lymph systems.

Successful, permanent cures have been achieved on three melanomas, three carcinomas, one colorectal cancer and one stage IV terminal ovarian cancer. There have been no relapses over a period of 6 years. It should be understood that this treatment will not heal damage from old tumors and their metastases, but it will prevent further cancer infections and will allow damage to heal gradually. No discernible side effects have been observed.

This composition has cured a relatively new case of rheumatoid arthritis within two weeks. Older cases, where joint damage has been extensive, will take months to heal but no new damage will occur. I predict this composition will cure AIDS caused by HIV, leukemias and all other forms of cancer. Also, I predict that it will cure genital herpes and "shingles" from herpes zoster infection.

It may be effective in treating "neuralgic paraneoplastic syndromes associated with malignancies which include amyotropic lateral sclerosis (Lou Gehrig's disease), Guillian Barre syndrome, dermalomyositis, polymyositis and myasthenia gravis. Hematologic paraneaplastic syndrome, pigmented skin lesions or kerotses and other miscellaneous paraneoplastic syndromes.

It may be useful in treatment of multiple sclerosis, hepatitis C, chronic fatigue syndrome and the "fat" virus.

This composition is truly an unbelievable "Magic Bullet"!!

REFERENCES

Chiu, Wah, Roger M. Burnett, and Robert L. Garcea. "Structural Biology of Viruses." Oxford University Pressm N.Y. 1997.

Craven, R. and S. W. Wills. "Retrovirus Assembly and Maturation." Penn State Medical Center.

Eisenman et al 1974 and Purchio et al 1980. "Final Assembly and Release of the Nascent Virion."

Merck Manual, sixteenth edition 1992. Merck Research Laboratories.

Regush, Nicolas. "The Virus Within." Dutton (Penguin Putnam Inc., N.Y.) March 2000.